DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: SIENNA CREST DODGEVILLE (0009500)

Address: 404 EAST MADISON ST, DODGEVILLE, WI 53533

License Status: REGULAR

Licensed/Certified/Registered 05/01/2002

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Compliance

Verified

Corrected

Survey ID: 0093849 End Date: 12/09/2004 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008090 Served 12/22/2004

Deficiencies Cited Subject Area

83.42(6)(a)1 ANNUAL INSPECTION BY FIRE DEPARTMENT

Survey ID: 0092416 End Date: 04/20/2004 Type: STANDARD Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Complaint History

Date Complaint Received: 02/25/2004 Date Investigation Completed: 04/26/2004

Subject Area(s) Result SOD #

ABUSE NOT SUBSTANTIATED MEDICATIONS NOT SUBSTANTIATED